

CLALLAM CONNECT PARATRANSIT SERVICE APPLICATION FORM

Thank you for your interest in Clallam Connect paratransit service!

This is a shared origin-to-destination service for all eligible persons.

All persons seeking eligibility for paratransit service must complete the eligibility process that begins with completing this application form. For more information, see the Clallam Connect Passenger Pointers brochure included with the application form or go to www.clallamtransit.com.

If you have any questions or need assistance completing this application form, staff will be happy to help you. Please call (360) 452-4511 press 1 or (800) 858-3747 press 1.

INSTRUCTIONS

Before submitting the application form, please:

- ☐ Read the Passenger Pointers brochure included with the application form.
- ☐ Complete pages 1-5 of this application form. *Please print clearly.*
- ☐ Ensure the applicant or, if applicable, legal guardian or Power of Attorney (POA) signs the application form on page 4. **A signature is required before an application will be processed.**
 - » If you have a legal guardian, the guardian is required to sign the application.
 - » The parent or legal guardian of a minor is required to sign the application.
- ☐ **Ensure page 6 is completed and signed by a medical/mental health provider.**
(See list of approved providers on page 5.)

ADDITIONAL ATTACHMENTS REQUIRED FOR A LEGAL GUARDIAN OR POA

- ☐ Provide copies of current Letters of Guardianship and the Order Appointing Guardian document from the court.
- ☐ Power of Attorney (POA) paperwork must include current documentation that grants the POA the right to sign a medical release form on behalf of the applicant.
 - » Clallam Connect may require written documentation verifying the POA is in effect.

All 8 pages of the completed application form must be returned at the same time.

Your application for paratransit service is not complete until all required information is provided to Clallam Connect.

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For Office Use Only:

☐ New Applicant☐ Recertification

Beginning date: _____ Exp: _____

CLALLAM CONNECT PARATRANSIT SERVICE APPLICATION FORM

Last Name _____ First Name _____ MI _____

Mailing Address _____ Apt./Sp.# _____

City _____ State _____ Zip _____

The address where Clallam Connect will pick you up (if different from mailing address)

Name of Building Complex or Apartments _____

Street Address _____ Apt./Sp.# _____

Nearest Cross Street _____ Which direction does home face? _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email Address _____

Emergency Contact _____ Relationship _____

Home Phone (_____) _____ Cell Phone (_____) _____

TTY _____ (text telephone for persons with hearing impairment)

For Doctor's office appointment verification purposes:

Date of Birth ____/____/____ (mm/dd/yyyy) ☐ Male ☐ Female

If staff are unable to contact you, please list an alternative contact:

Name _____ Relationship _____

Home Phone (_____) _____ Cell Phone (_____) _____

By providing emergency/alternative numbers, you authorize Clallam Connect or its
representatives to contact the individuals listed regarding your paratransit service.

Do you speak and understand English? ☐ Yes ☐ No (specify other language below)

Applicant's Name _____

1. What is your disability or limiting condition? _____

2. Do your limitations change from time to time because of medical treatments, medications, or for other reasons? ☐ Yes ☐ No
If yes, please explain: _____

3. Is your need for paratransit service long term or temporary?
☐ Long term ☐ Temporary – How long? _____

4. Is your memory affected due to your disability/limiting condition? ☐ Yes ☐ No
If yes: ☐ Short-term memory ☐ Long-term memory

5. Do you currently ride the regular bus? ☐ Yes ☐ No
Have you ever ridden the regular bus without someone's assistance?
☐ Yes ☐ No If yes, how long ago? _____

6. Are you able to independently:

	Yes	No	Sometimes
- travel to and from a bus stop?	☐	☐	☐
- get on and off a ramp-equipped bus?	☐	☐	☐
- ask for, understand, and/or follow directions?	☐	☐	☐
- plan, understand, and follow through with the actions necessary to take a bus trip?	☐	☐	☐

If you checked *No* or *Sometimes* on question 6, please explain. (Use additional lines on page 8, if necessary.) _____

7. Clallam Connect buses are 25' long and 8' wide and require 11' of vertical clearance.
Clallam Connect requires an obstruction-free approach that is paved (no grass, mud, or deep gravel) and sufficient turn-around area for CTS vehicles. Alternate pick-up and drop-off locations may be established because of obstructed driveways, turnarounds, or other safety concerns. If a lift is required, then 16' is the minimal area needed to park the bus and deploy the lift safely. Does the access to your house meet the above standards without obstacles, such as trees, bushes, vehicles, or other barriers? ☐ Yes ☐ No

8. Clallam Connect drivers can only assist you up 1 step to your door if you use a wheelchair. How many steps, if any, are there up to your front door? _____

Is there a ramp installed? ☐ Yes ☐ No If yes, which door? ☐ Front door ☐ Back door

Applicant's Name _____

9. Which of the following mobility aids or equipment do you use when you leave your home?
Check all that apply and indicate the percentage of time you use the aid.

(example: no aids - 10%, support cane - 90%)

- | | |
|---|---|
| ☐ No aids _____ % | ☐ Motorized wheelchair _____ % |
| ☐ White cane _____ % | ☐ Motorized scooter _____ % |
| ☐ Support cane _____ % | ☐ Manual wheelchair _____ % |
| ☐ Crutches _____ % | ☐ Oversized wheelchair _____ % |
| ☐ Walker _____ % | ☐ Other (please specify) _____ % |
| ☐ Portable oxygen* _____ % | |

***Portable oxygen must be carried or secured to a mobility device**

10. If you checked more than 1 aid, please describe the circumstances when you use each one: _____

If you use a wheelchair or scooter, skip to question 12.

11. When you **walk** outside your home, how far can you walk by yourself or with the use of a mobility aid such as a cane or walker?

Number of blocks _____ ☐ Less than 1 block ☐ Not able to walk any distance

12. If you use a **manual wheelchair**, how far are you able to self-propel?

Number of blocks _____ ☐ Less than 1 block ☐ Not able to self-propel any distance

13. If you use a **power wheelchair or scooter**, how far are you able to travel without someone's assistance?

Number of blocks _____ ☐ Less than 1 block
☐ Not able to travel without someone's assistance

14. If you use a **power wheelchair or scooter**, does it have permanent attachments for tie-downs straps? ☐ Yes ☐ No

Please Note: Wheelchair and customer combined weight must not exceed 800 pounds. Wheelchairs need to be within these dimensions to fit our lifts: 51" long by 34" wide by 51" in height and cannot be in a reclined position. Foot rests are strongly recommended. "Geri-Chairs" are not an acceptable mobility device for transportation.

15. If you qualify for paratransit service, will you need to:

	Yes	No	Sometimes
Use the lift to board the Clallam Connect bus?	☐	☐	☐
Bring a helper (Personal Care Attendant – PCA) with you?	☐	☐	☐

16. Is there anything else about your disability/limiting condition that might help staff better understand your travel abilities and limitations? (Use additional lines on page 8, if necessary.) _____

Applicant's Name _____

Clallam Connect
Paratransit Service Applicant Agreement and
Authorization for Release of Information

By signing this application, you authorize the release of verification information and any other information to Clallam Connect or its representatives needed to evaluate your eligibility to receive paratransit service. Please be advised that Clallam Connect will use your statements to determine your eligibility for paratransit service as provided by law. The statements contained herein are material to Clallam Connect's determination and Clallam Connect may act in reliance thereon.

Clallam Connect may share your eligibility determination with other transportation providers, on request, to facilitate travel in Clallam County and other transit districts.

Documents used by Clallam Connect regarding your paratransit service eligibility, with the exception of information provided by your medical provider, may be subject to public disclosure in response to a public records request under Chapter 42.56 RCW. Clallam Connect will attempt to notify you should there be a public records request for your eligibility documents.

This form must be signed by the applicant or, if applicable, by the applicant's legal guardian or Power of Attorney (POA). If the applicant is under 18 years of age, a parent or legal guardian must sign this form. If the application is signed by a legal guardian or POA, attach current documentation supporting the right to sign.

I hereby certify under the penalty of perjury under the laws of the State of Washington that the information provided on this application is true and correct.

_____ Signature (required)		_____ Date
☐ Applicant	☐ Legal Guardian	☐ Power of Attorney
_____ Printed Name		(_____) _____ Contact Number

Applicant's Name _____

If a person other than the applicant filled out this application, please complete the following (please print).

Name _____ Daytime Phone # (____) _____

Relationship to Applicant _____ Agency _____

Please Note: A licensed medical or mental health provider, who is familiar with you and your disability/limiting condition, must answer the questions on page 6 of this application form. Approved providers are limited to the following professions.

My approved provider is a (please check the appropriate box below):

- | | |
|---|---|
| ☐ Medical Doctor (MD or DO) | ☐ Licensed Mental Health Professional |
| ☐ Optometrist or Ophthalmologist | ☐ Physical or Occupational Therapist |
| ☐ Psychologist (Ph.D.) | ☐ MDS Nurse (From Skilled Nursing Facilities Only) |
| ☐ Physician Assistant or ARNP | ☐ Certified Orientation & Mobility Specialist |

If you have been told there is a charge for obtaining medical or mental health verification, call (360) 452-4511 press 1. Clallam Transit System may be able to identify an alternative service.

Eligibility Criteria: Individuals are eligible for paratransit service if they fall under one or more of the following Americans with Disabilities Act (ADA) categories and/or are 80 years of age or older without a disability:

Category I: Any individual with a disability who is unable to board, ride, or disembark from any vehicle on a bus system that is readily accessible to and usable by individuals with disabilities.

Category II: Any individual with a disability who needs the assistance of a wheelchair lift or other boarding assistance device and the bus route the person wants to travel is not 100% accessible – or the bus lift cannot be deployed at the desired stop.

Category III: Any individual with a disability who has a specific impairment-related condition that prevents that individual from traveling to a boarding and disembarking location on the fixed route bus system.

**Please have your approved licensed provider complete page 6 of this
Clallam Connect Paratransit Service Application Form.**

Applicant's Name _____

Thank you for completing this application. Clallam Connect will use the information to help determine paratransit service eligibility in accordance with the Americans with Disabilities Act (ADA). Clallam Connect is a tax-supported service for individuals who, because of the effects of their disabilities/limiting conditions, are not able to ride the regular ramp-equipped and accessible Clallam Transit System fixed route buses.

Age (under 80), convenience of the service, fear of falling, inability to drive, and inability to carry packages are not qualifying factors for paratransit service. Please call (360) 452-4511 and press 1 if you have any questions.

Please review the information provided by the applicant on this application form. Based on your knowledge of the applicant's condition, is the information accurate? ☐ Yes ☐ No ☐ Somewhat

If you checked *No* or *Somewhat*, please explain: _____

DIAGNOSIS/DISABILITY (not symptoms)	DEGREE OF IMPAIRMENT (circle one)			DATE OF ONSET (if known)
_____	mild	moderate	severe	_____
_____	mild	moderate	severe	_____
_____	mild	moderate	severe	_____
_____	mild	moderate	severe	_____
_____	mild	moderate	severe	_____

Is the applicant's need for paratransit service temporary? ☐ Yes, until _____ ☐ No

If the applicant has a condition that is expected to improve, i.e. knee replacement or recent stroke, when do you expect the condition to stabilize? _____

Are any of these conditions episodic or variable in their severity? ☐ Yes – provide details below ☐ No

Explain why the effects of the applicant's disability/limiting condition will prevent the applicant from using the regular bus service.

I HEREBY CERTIFY under penalty of perjury under the laws of the State of Washington that the information on the Licensed Provider Verification portion of this application form is true and correct.

Licensed Provider's Signature

Specialty

Date

Printed Name

Organization

Phone

Fax

Address

City

State/Zip

APPLICANT

Thank you for providing the information CTS Clallam Connect needs to determine your eligibility for paratransit services. After Clallam Connect reviews your completed application form, you will be notified if additional and/or an in-person assessment is required. Clallam Connect will make the eligibility determination within 21 calendar days of receiving all the required information and written notice will be sent to you. If it takes longer than 21 days to finalize your eligibility, you will receive paratransit service until the eligibility determination is made.

Please keep all 8 pages of this application together and return at the same time.

Fold the application packet in half and return it to the address on the back page
or FAX to (360) 452-1102.



Clallam Connect assures nondiscrimination in accordance with Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990. For more information, visit www.clallamtransit.com, email info@clallamtransit.com, or call (360) 452-4511 press 1 or (800) 858-3747 press 1. For people who are deaf or hard of hearing, call 1-888-417-5445.

ADDITIONAL INFORMATION FOR QUESTIONS 6 AND 15

6. _____

15. _____

Other: _____

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U.S.
Postage
Required

Clallam Connect Paratransit Services
Clallam Transit System
830 W. Lauridsen Blvd.
Port Angeles, WA 98363